

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044891

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 390

FILED NOV 19 1963

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rest Haven Rest Home		d. STREET ADDRESS (If outside, give location) 1306 East 10th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First RUSSELL Middle FRANKLIN Last COLE		4. DATE OF DEATH Month November Day 15 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/4/23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery	
11. BIRTHPLACE (City and state or country) Otterville, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Farrie L. Cole		13b. MOTHER'S MAIDEN NAME Mattie E. Palmer	
14. NAME OF HUSBAND OR WIFE Deloris Jean Cole		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes World War II	

16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. DeLoris Cole, Sedalia, Missouri	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Recurrent Coronary Artery Disease DUE TO (b) Previous C.V.A. DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 4 July 62	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Chronic pneumonia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour 8:30 a.m. Month, Day, Year 24 Sept 55	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Sedalia, Missouri	20g. COUNTY Pettis	20h. STATE Missouri
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21. I attended the deceased from 24 Sept 55 to 15 Nov 63 and last saw her 8 Nov 63 Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Carl H. [Signature]	22b. ADDRESS 1216 West 18th St. Sedalia, Mo 65463	22c. DATE SIGNED Nov 16, 1963
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/18/63	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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24. GENERAL DIRECTOR Thomas E. [Signature]	25. DATE RECD. BY LOCAL REG. Nov. 16, '63	26. REGISTRAR'S SIGNATURE Frances [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 21 1963

JAN 22 1964

MAR 31 1964

APR 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seaside Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.